

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** OUR HOUSE MEMORY CARE (0009287)

**Address:** 4333 PHEASANT RUN RD, JANESVILLE, WI 53546

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0093537      **End Date:** 10/20/2004      **Type:** STANDARD      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0092547      **End Date:** 05/11/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007996    Served 05/17/2004

Deficiencies Cited  
83.21(4)(p)

Subject Area  
PROMPT AND ADEQUATE TREATMENT

Compliance  
Verified  
10/20/2004

Corrected  
Yes

**Survey ID:** 0091259      **End Date:** 10/14/2003      **Type:** OTHER      **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007886    Served 10/22/2003

Deficiencies Cited  
83.33(2)(a)

Subject Area  
SUPERVISION

Compliance  
Verified  
05/11/2004

Corrected  
Yes

**Survey ID:** 0090646      **End Date:** 07/15/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 07/28/2006

## Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0090483      **End Date:** 06/17/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 06/30/2004**

**Date Investigation Completed: 10/20/2004**

Subject Area(s)

MEDICATIONS

ADMINISTRATION

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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